

2011-2012 ROUNDTOP MOUNTAIN RESORT "MULTI-VISIT CARD" RELEASE AGREEMENT

Complete form entirely **PLEASE PRINT** Once submitted, any change is subject to a \$25 fee.

NAME <u>JOHN A. DOE</u>		EMAIL _____	Club Name <u>HEMPFIELD REL.</u>
FIRST <u>JOHN</u>	M.I. <u>A.</u>	LAST <u>DOE</u>	Advisor Name <u>CRISTINE MASER</u>
ADDRESS <u>25 MT. RD.</u>		<u>SKIVILLE</u>	<u>PA 12345</u>
STREET		CITY	STATE ZIP
DATE OF BIRTH <u>06/22/95</u>	AGE <u>15</u>	PHONE <u>(717) 898-1234</u>	You are purchasing a card for the first time. DO NOT STAPLE

For more information or questions, please call the Groups Sales Office at (717)432-9631 x 3723 or email groups@skiroundtop.com

SKILL LEVEL (check one)
Full descriptions on last page

- ☐ Type 1 Cautious skiing at lower visual indicator settings
- ☐ Type 2 Moderate skiing average visual indicator settings
- ☐ Type 3 Aggressive skiing at higher visual indicator settings

SELECT MULTI-VISIT CARD PACKAGE:

IF PURCHASED BEFORE 11/4/11	IF PURCHASED AFTER 11/4/11
4 VISIT LIFT ONLY \$125	4 VISIT LIFT ONLY \$154
4 VISIT LIFT/LESSON \$169	4 VISIT LIFT/LESSON \$194
4 VISIT LIFT/LESSON/RENTAL \$199	4 VISIT LIFT/LESSON/RENTAL \$224
*6 VISIT LIFT/LESSON \$215	*6 VISIT LIFT/LESSON \$240
*6 VISIT LIFT/LESSON/RENTAL \$245	*6 VISIT LIFT/LESSON/RENTAL \$270
*8 VISIT LIFT/LESSON \$240	*8 VISIT LIFT/LESSON \$265
*8 VISIT LIFT/LESSON/RENTAL \$265	*8 VISIT LIFT/LESSON/RENTAL \$290
ADVANTAGE CARD \$25	ADVANTAGE CARD \$25
PROTECTION POLICY \$8 (OPTIONAL)	PROTECTION POLICY \$8
available only for college classes	
TOTAL DUE \$ _____	TOTAL DUE \$ _____

Option 1: Smith Helmet - \$50. Purchase details on the last page of this agreement. Tax is included. Please refer to sizing chart on back page before selecting your helmet size. Offer expires 11/6/11.

To order a helmet, please select size (Color is Black only):

SM MED L XL

Option 2: Visit one of our Mountain Sports Shops and receive a 25% discount (with proof of purchase of your MVC) on the helmet of your choice. Our expert staff will size and custom fit your choice for you. Offer expires 1/15/12.

PROTECT YOUR INVESTMENT!

The protection policy offers a prorated reimbursement based on the schedule of coverage listed below. It is based only on the amount paid for the Multi-Visit Card. Coverage becomes effective in the event of a transfer by your employer necessitating a move of 125 miles or more, or injury and/or sickness which prevents your participation in the sport. Documentation from your physician is required. This option must be purchased with your initial order. **If you do not purchase the protection policy, your purchase is considered final and non-refundable for any reason.**

1/01 - 1/13	90%	1/14 - 1/25	75%	1/26 - 2/05	50%	2/06 - 2/17	25%	2/18 - 3/01	10%
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No claims accepted after 3/15/12.

YOUR SIGNATURE: The Liability Release Agreement and Responsibility Code, as located on the back of this page, and the Code of Conduct, as printed on the last page of this packet, must be completely read before signing below. Your signature assures compliance with these. Parental or guardian signature is required for participants under the age of 18. Keep the pink copy and the last page for your records.

I, THE UNDERSIGNED, HAVE READ, UNDERSTAND AND AGREE TO THE PROGRAM LIABILITY RELEASE AGREEMENT AND RESPONSIBILITY CODE ON THE REVERSE OF THIS PAGE. I ALSO AGREE TO THE CODE OF CONDUCT AS PRINTED ON THE LAST PAGE OF THIS PACKET. I FURTHER UNDERSTAND AND I AM SIGNING ON BEHALF OF MYSELF, THE MINOR CHILD I AM REPRESENTING, AND OTHER PARENT/GUARDIAN, AGREEING TO BE LEGALLY BOUND HERETO.

KEEP THE PINK COPY OF THIS PACKET

Signature: _____ Date: _____
Parent/Guardian (Signature of one parent/guardian binds both parents/guardians)

Signature: _____ Date: _____
Participant

BOTH PARENT & CHILD